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PTO/SB/82 (01-06)

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| Application Number | 10/043998 |
| Filing Date | 1/11/2002 |
| First Named Inventor | Vitaliy S. Fain |
| Art Unit | 2626 |
| Examiner Name | Thomas E. Shortledge |
| Attorney Docket Number | FS-101 |

I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number:

27769

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Customer Number:

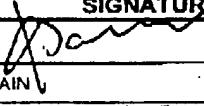
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 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

| | | | |
|-----------|---|-----------|--------------|
| Signature |  | | |
| Name | VITALIY S. FAIN | | |
| Date | 06.03.06 | Telephone | 508 797-9615 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/62 (01-06)

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| | |
|------------------------|---------------------|
| Application Number | 10/043998 |
| Filing Date | 1/1/2002 |
| First Named Inventor | Vlisliv S. Fain |
| Art Unit | 2626 |
| Examiner Name | Thomas E. Shortedge |
| Attorney Docket Number | FS-101 |

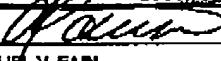
I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number: 27769 Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 27769**OR**

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I am the:

Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

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|-----------|---|-----------|----------------|
| Signature |  | | |
| Name | SAMUEL V. FAIN | | |
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